MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/582135

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT				AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1					51			1			
2								52						
3								53						
4								54						
5								55						
6								56						
7								57						
8								58						
9								59						
10								60						
11								61						
12								62						
13								63						
14								64						
15								65						
16								66						
17		222						67						
18								68						
19								69						
20								70						
21								71						
22								72						
23								73						
24	1		1					74						
25								75						
26								76						
27								77						
28								78						
29								79						
30								80						
31								81						
32								82						
33								83						
34								84						
35								85						
36								86						
37								87						
38								88						
39								89						
40								90						
41		222						91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.		↓		↓		↓		TOTAL IND.			2 ↓			↓
TOTAL DEP.		←		←		←		TOTAL DEP.				49 ←		←
TOTAL CLAIMS								TOTAL CLAIMS				51		

PTO - 1360 (REV. 11/04)